

PAST PERFORMANCE QUESTIONNAIRE
SOLICITATION NUMBER – VA250-12-R-0631
VISN-Wide Fabrication and Repair of Prosthetics Limbs and Orthotics Services

I. Please complete this questionnaire. For assistance with this form please notify the contract specialist listed at the address below. Handwritten responses will be accepted. If you need more space than provided, please attach additional pages or write on the back. Please include only relevant information. Responses will be treated as source selection sensitive information. Please submit this information on or before the solicitation due date. Return the completed questionnaire either by fax or email to the following address:

Department of Veterans Affairs
Chalmers P. Wylie VA Ambulatory Care Center
420 North James Road
Columbus, OH 43219-1834

Telephone: (614) 257-5522
E-mail: Carmen.wimsatt@va.gov
FAX: (614) 388-7500

II. EXPLANATION OF CODES:

CODE PERFORMANCE LEVEL

- O **OUTSTANDING** – Performance meets contractual requirements and exceeds many (requirements) to the Government's benefit. The contractual performance of the element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
- E **EXCELLENT** – Performance meets contractual requirements and exceeds some (requirements) to the Government's benefit. The contractual performance of the element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
- A **ACCEPTABLE** – Performance meets contractual requirements. The contractual performance of the element being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
- M **MARGINAL** – Performance does not meet some contractual requirements. The contractual performance of the element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor's proposed actions appear only marginally effective

or were not fully implemented.

U **UNSATISFACTORY** – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.

N NOT APPLICABLE – Unable to provide a score. Performance in this area not applicable to the effort assessed.

PLEASE COMPLETE THE FOLLOWING IDENTIFYING INFORMATION AND PAST PERFORMANCE ASSESSMENT:

III. CONTRACTOR IDENTIFICATION:

Contractor: _____
Contract Number: _____
Period of Performance: _____
Negotiated price or cost at award: _____
Current estimated contract dollar amount: _____
Describe product/service acquired: _____

IV. EVALUATOR INFORMATION:

Name: _____
Organization: _____
Phone Number: _____
Relation to Program: _____
(i.e. Contracting Officer, Contract Specialist/Administrator, Contracting Officer's Representative, etc.)

V. TERMINATION HISTORY:

A. Has this contract been partially or completely terminated for cause or convenience?

YES ☐ NO ☐ CAUSE ☐ CONVENIENCE ☐

If yes, explain (e.g., inability to meet cost, performance, or delivery schedules).

B. Are there any pending terminations? YES ☐ NO ☐

If yes, explain and indicate the status.

VI. ASSESSMENT ELEMENTS: Place an "X" in the appropriate box next to the letter for each item on the questionnaire. Narrative statements are vital. Please provide a supporting narrative for each area. Attach additional pages if there is insufficient space in the comment space.

A. QUALITY OF PRODUCT/SERVICE (e.g., Does the contractor provide qualified personnel, necessary equipment, and quality control for performance of your contract?)

☐ C ☐ ☐ E ☐ ☐ A ☐ ☐ M ☐ ☐ U ☐ N ☐

B. SCHEDULE (i.e., Is the work performed in a timely manner and in accordance with the requirement?)

☐ C ☐ ☐ E ☐ ☐ A ☐ ☐ M ☐ ☐ U ☐ N ☐

C. COST CONTROL (e.g., Does the contractor consistently and adequately control costs? Is the contractor competing material purchases? Are contractor requests for employee overtime reasonable? Are proposals for equitable adjustments and special projects reasonable? Has the contractor stayed within the estimated values or have their been cost overruns (in cost type environments)?)

☐ C ☐ ☐ E ☐ ☐ A ☐ ☐ M ☐ ☐ U ☐ N ☐

D. BUSINESS RELATIONS (e.g., Are contractor personnel promoting a strong working relationship with the Government? Does the contractor adequately address and make efforts to resolve issues/problems concerning site employees? Does the contractor show initiative? Were contractor personnel courteous and responsive? Does the contractor interface effectively with your staff, etc.?)

☐ C ☐ ☐ E ☐ ☐ A ☐ ☐ M ☐ ☐ U ☐ N ☐

E. MANAGEMENT (e.g., Does the contractor provide their employees with the necessary resources and support to adequately perform their work? Does the contractor adequately address and make efforts to resolve issues/problems? Is the contractor able to solve contract performance problems without extensive guidance from government counterparts, etc.?)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

F. Did the contractor adhere to their technical and management approach?

YES ☐

NO ☐

If no, explain what was different.

G. Please comment on any other contractor information you consider relevant to this evaluation.

H. Identify the contractor's overall strengths and weaknesses.

I. Given the choice, would you award to this contractor again? YES ☐ NO ☐